

MEDICAL RECORDFirst Registration Outpatient Report:
Dental Clinic

Date of Visit:

PROTOCOL IDENTIFICATION:

HISTORY AND PHYSICAL EXAMINATION & SIGNIFICANT FINDINGS:

Purpose: Evaluation for third molar extraction

Social History: Tobacco:

Alcohol:

Marijuana:

Other Drugs of Abuse:

High Risk Activities:

HIV Test:

Pregnancy:

Abnormal Bleeding/ Anemia:

Antibiotic Prophylaxis in Past:

Dental Anxiety:

Fainting/ Seizures in Dental/ Medical Setting:

Current Medications:

Age: Race: Sex: Height: Weight:

Allergies:

Date/ Findings of Last Physical Exam:

Personal Medical History:

Head and Neck Exam:

SIGNIFICANT FINDINGS:

Laboratory Data:

X-rays:

Diagnostic Procedures:

CLINICAL DIAGNOSES:

#1 erupted/ soft tissue/ partial bony/ full bony/ missing

#16 erupted/ soft tissue/ partial bony/ full bony/ missing

#17 erupted/ soft tissue/ partial bony/ full bony/ missing

#32 erupted/ soft tissue/ partial bony/ full bony/ missing

Patient Identification

First Registration Outpatient Report: Dental Clinic
NIH-532-18 (4-00)
P.A. 09-25-0099
File in Section 1: Summaries, Operations,
History & Physical Exam

MEDICAL RECORD	First Registration Outpatient Report: Dental Clinic--Continued
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PLAN FOR FURTHER EVALUATION OR TREATMENT:

Pre-Operative Physical Required:

Extract Teeth #'s:

On Study:

THERAPEUTIC INTERVENTION:

OPERATIONS PROCEDURES AND DATES PERFORMED: No operations or procedures performed.

CONDITION OF PATIENT:

INSTRUCTIONS TO PATIENT:

Diet: NPO after midnight prior to surgery.

Medications: No instructions given.

Physical Activity Limitations: Patient instructed to arrange for ride home after surgery.

DISPOSITION: Follow up Arrangements/ Plans: Surgical procedure and experimental protocol explained to patient
Informed consent reviewed with patient, pre-operative instructions and surgical risk reviewed verbally, written, and by
educational videotape.

Doctor Signature/Title _____

Date _____ Time _____